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Application Number	10/091,849
Filing Date	03/06/2002
First Named Inventor	Boyce
Art Unit	3743
Examiner Name	Ragonese, Andrea M.
Attorney Docket Number	074047.3

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Ralph W. Semb, President - SHRINERS HOSPITALS FOR CHILDREN

Date

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

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